



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**



KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012

04-3132

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

Telephone
(213) 974-2101
Telecopier
(213) 626-1812

November 18, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED - 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10608047, in amount of \$4,569.69
Account Number 10854872, in amount of \$4,873.49
Account Number 10800189, in amount of \$117,714.99
Account Number 10824298, in amount of \$32,210.75
Account Number 10756757, in amount of \$10,000
Account Number 10780256, in amount of \$4,633.23
Account Number 10801399, in amount of \$61,189.63

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

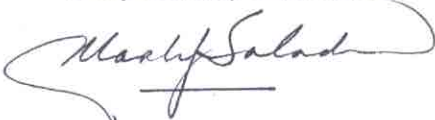
IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.69

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED AS TO FORM:

OFFICE OF THE COUNTY COUNSEL

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 69A
DATE: November 18, 2004

Amount of Aid	\$196,233.00	Account Number	10608047
Amount Paid	.00	Name	Adult Male
Balance Due	196,233.00	Service Date	07/19/01 to 08/09/01
Compromise Amount Offered	4,569.69	Facility	LAC USC Medical Center
Amount to be Written Off	\$191,663.31	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of \$196,233.00. There is no Medi-cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 4,569.69	30.47%
Attorney Cost	1,290.93	1,290.93	8.60%
County of Los Angeles	196,233.00	4,569.69	30.47%
Net to Client	N/A	4,569.69	30.46%
Total	\$203,523.93	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 69B
DATE: November 18, 2004

Amount of Aid	\$27,785.00	Account Number	10854872
Amount Paid	.00	Name	Adult Male
Balance Due	27,785.00	Service Date	06/18/04 to 06/23/04
Compromise Amount Offered	4,873.49	Facility	LAC USC Medical Center
Amount to be Written Off	\$22,911.51	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at LAC USC Medical Center at a cost of \$27,785.00. There is no Medical or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,920.84	\$ 7,920.84	31.68%
Attorney Cost	1,237.47	1,237.47	4.95%
American Medical Response	645.00	113.13	.46%
Holmes Chiropractic	6,432.15	1,128.65	4.52%
Montebello Open MRI	1,300.00	228.02	.91%
Daniel Capen, M.D.	4,644.00	814.56	3.26%
Guillermo Scrigna, M.D.	3,700.00	648.98	2.59%
Isaac Regev, M.D.	650.00	114.01	.46%
County of Los Angeles	27,785.00	4,873.49	19.49%
Net to Client	N/A	7,920.85	31.68%
Total	\$54,314.46	\$25,000.00	100.00%

Our financial investigation reveals that the client is mentally and developmentally challenged and is supported by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 69C
DATE: November 18, 2004

Amount of Aid	\$231,185.00	Account Number	10800189
Amount Paid	.00	Name	Adult Female
Balance Due	231,185.00	Service Date	09/29/02 to 10/19/02
Compromise Amount Offered	117,714.99	Facility	Martin Luther King Drew Medical Center
Amount to be Written Off	\$113,470.01	Service Type	Inpatient

JUSTIFICATION

The client was involved in an airplane accident. She was treated at Martin Luther King Drew Medical Center at a cost of \$231,185.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$364,975.77 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$117,714.99	\$117,714.99	32.25%
Attorney Cost	11,830.79	11,830.79	3.25%
County of Los Angeles	231,185.00	117,714.99	32.25%
Net to Client	N/A	117,715.00	32.25%
Total	\$360,703.78	\$364,975.77	100.00%

Our financial investigation reveals that the client is unemployed, lives out of the country and is supported by her spouse. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 69D
DATE: November 18, 2004

Amount of Aid	\$207,684.00	Account Number	10824298
Amount Paid	.00	Name	Adult Male
Balance Due	207,684.00	Service Date	09/02/03 to 10/03/03
Compromise Amount Offered	32,210.75	Facility	LAC USC Medical Center
Amount to be Written Off	\$175,473.25	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$207,684.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,183.02	\$ 33,183.02	32.18%
Attorney Cost	450.92	450.92	1.45%
Veterans Adm. Medical Center	6,248.00	1,000.00	1.00%
County of Los Angeles	207, 684.00	32,210.75	32.22%
Net to Client	N/A	33,155.31	33.15%
Total	\$247,565.94	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 69E
DATE: November 18, 2004

Amount of Aid	\$64,042.00	Account Number	10756757
Amount Paid	.00	Name	Adult Female
Balance Due	64,042.00	Service Date	08/28/02 to 09/27/02
Compromise Amount Offered	10,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$54,042.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$64,042.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	33.33%
County of Los Angeles	64,042.00	10,000.00	33.33%
Net to Client	N/A	10,000.00	33.34%
Total	\$74,042.00	\$30,000.00	100.00%

Our financial investigation reveals that the client receives public assistance. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 69F
DATE: November 18, 2004

Amount of Aid	\$42,792.00	Account Number	10780256
Amount Paid	.00	Name	Adult Female
Balance Due	42,792.00	Service Date	03/27/03 to 11/05/03
Compromise Amount Offered	4,633.23	Facility	LAC USC Medical Center
Amount to be Written Off	\$38,158.77	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$42,792.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,500.00	\$ 4,500.00	30.00%
Attorney Cost	1,100.31	1,100.31	7.33%
County of Los Angeles	42,792.00	4,633.23	30.89%
Net to Client	N/A	4,766.46	31.78%
Total	\$48,392.31	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 69G
DATE: November 18, 2004

Amount of Aid	\$127,688.00	Account Number	10801399
Amount Paid	.00	Name	Adult Male
Balance Due	127,688.00	Service Date	03/17/03 to 09/19/03
Compromise Amount Offered	61,189.63	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 66,498.37	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$127,688.00. There is no Medi-cal or private insurance involvement.

The attorney has settled the case for the amount of \$260,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 86,666.66	\$ 75,000.00	28.85%
Attorney Cost	963.95	963.95	.37%
UCLA Medical Center	71,015.53	34,031.50	13.09%
Convalescent Home	7,454.88	3,572.46	1.37%
Ambulance Service	886.75	424.94	.16%
LAX Medical Center	929.00	445.18	.17%
UCLA Dept. of Anesthesiology	2,320.00	1,111.77	.43%
Ortho Care Center of Los Angeles	1,220.00	584.67	.22%
Medi-Cal	10,234.54	7,675.90	2.95%
County of Los Angeles	127,688.00	61,189.63	23.54%
Net to Client	N/A	75,000.00	28.85%
Total	\$309,379.31	\$260,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. He has no other source of income or tangible assets.